

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212554075					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: BRYAN KROLL MEMORIAL FOUNDATION</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: TIM KROLL 219 BREEZEWOOD DR LYNCHBURG, VA 24502</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LYNCHBURG CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 12/31/2012</p> <p>SCC ID NO: 05137328</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
CLASS	AUTHORIZED						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: C/O KEITH MANUEL 1520 LAKESIDE DR</p> <p style="margin-left: 40px;">CITY/ST/ZIP: LYNCHBURG, VA 24501</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: BRYAN JOHNSON TITLE: TREASURER ADDRESS: 1094 SOMERS WAY CITY/ST/ZIP/CO: FOREST, VA 24551 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: BRYAN JOHNSON TITLE: TREASURER ADDRESS: 1094 SOMERS WAY CITY/ST/ZIP/CO: FOREST, VA 24551	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: BRYAN JOHNSON TITLE: TREASURER ADDRESS: 1094 SOMERS WAY CITY/ST/ZIP/CO: FOREST, VA 24551	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ADAM BOWERS TITLE: DIRECTOR ADDRESS: 124 MULLBURY PLACE CITY/ST/ZIP/CO: LYNCHBURG, VA 24502 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: ADAM BOWERS TITLE: DIRECTOR ADDRESS: 124 MULLBURY PLACE CITY/ST/ZIP/CO: LYNCHBURG, VA 24502	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ADAM BOWERS TITLE: DIRECTOR ADDRESS: 124 MULLBURY PLACE CITY/ST/ZIP/CO: LYNCHBURG, VA 24502	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KENT GREGORY TITLE: DIRECTOR ADDRESS: 1096 SOUTH MACFARLANE CT CITY/ST/ZIP/CO: FOREST, VA 24551 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: KENT GREGORY TITLE: DIRECTOR ADDRESS: 1096 SOUTH MACFARLANE CT CITY/ST/ZIP/CO: FOREST, VA 24551	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: KENT GREGORY TITLE: DIRECTOR ADDRESS: 1096 SOUTH MACFARLANE CT CITY/ST/ZIP/CO: FOREST, VA 24551	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: F GERALD KROLL TITLE: PRESIDENT ADDRESS: 1476 GLENBROOKE DR. CITY/ST/ZIP/CO: LYNCHBURG, VA 24503 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: F GERALD KROLL TITLE: PRESIDENT ADDRESS: 1476 GLENBROOKE DR. CITY/ST/ZIP/CO: LYNCHBURG, VA 24503	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: F GERALD KROLL TITLE: PRESIDENT ADDRESS: 1476 GLENBROOKE DR. CITY/ST/ZIP/CO: LYNCHBURG, VA 24503	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LINDA KROLL TITLE: DIRECTOR ADDRESS: 1476 GLENBROOKE DR CITY/ST/ZIP/CO: LYNCHBURG, VA 24503 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: LINDA KROLL TITLE: DIRECTOR ADDRESS: 1476 GLENBROOKE DR CITY/ST/ZIP/CO: LYNCHBURG, VA 24503	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: LINDA KROLL TITLE: DIRECTOR ADDRESS: 1476 GLENBROOKE DR CITY/ST/ZIP/CO: LYNCHBURG, VA 24503	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DELMAR LAIRD TITLE: DIRECTOR ADDRESS: 416 WHITESTONE DRIVE CITY/ST/ZIP/CO: LYNCHBURG, VA 24502 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: DELMAR LAIRD TITLE: DIRECTOR ADDRESS: 416 WHITESTONE DRIVE CITY/ST/ZIP/CO: LYNCHBURG, VA 24502	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: DELMAR LAIRD TITLE: DIRECTOR ADDRESS: 416 WHITESTONE DRIVE CITY/ST/ZIP/CO: LYNCHBURG, VA 24502	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEITH MANUEL SECRETARY 2849 LEE JACKSON HIGHWAY LYNCHBURG, VA 24503	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TONY MITCHELL DIRECTOR 411 CHURCHILL DR. 0 LYNCHBURG, VA 24502	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY R. SCOTT DIRECTOR 1010 YORK LANE LYNCHBURG, VA 24503	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NATHANIEL J SMITH VICE PRESIDENT 406 LAKE VISTA DR. FOREST, VA 24551	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALLEN WALDREP VICE PRESIDENT 216 CHESTERFIELD RD LYNCHBURG, VA 24502	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY KROLL DIRECTOR 7747 HASTING CT NORTH ST PETERSBURG, FL 33709	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ KEITH MANUEL		2/14/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
KEITH MANUEL, SECRETARY		PRINTED NAME AND CORPORATE TITLE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			